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THE IDEAL TUBERCULOSIS NURSE

BY MARY A. ISENBERG, R.N.

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The visiting nurse is a tuberculosis nurse. In her visits to the homes in her district, she comes in contact with tuberculosis in all its various forms and phases, sometimes before a doctor has pronounced it such, or has even seen the patient. The ideal tuberculosis nurse in this capacity must know this disease to recognize it in its incipency, as far as a nurse may do so. She must be a woman embracing all the qualifications which a nurse should possess, with tact and a pleasing personality in double portion. If the patient has not seen a physician and is adverse to it, she cannot drag him to one, nor have the doctor make a call, but she must use all her powers to persuade him to do so. At the same time, she must remove all the prejudices of the family and the neighbors, for there is always the advice-giving neighbor. When she has finally overcome all these obstacles, and has persuaded her patient to enter a sanatorium, her work is not finished, but rather, only begun. She establishes supervision over this family the entire time he is in the sanatorium, and if the patient is the breadwinner of the family or is the mother, she must let the father see that his family will be properly cared for during his absence, and the mother must have the assurance that her little ones are being mothered and watched over. This is quite necessary if a speedy recovery is to be made, for the mind must be at rest as well as the body. The nurse does not do this with a wave of the hand; it requires a woman of ability and common sense to accomplish a task of this magnitude. She has probably spent a number of sleepless nights over it. The ideal nurse in this capacity must adopt for her life's motto the favorite one of the late Andrew Carnegie,—“Service to man is the highest service to God.”

During the patient's absence in the sanatorium, the nurse must educate the family along hygienic lines, and establish sanitary measures in the house and surroundings, so that when the patient reaches his home, the family will have the proper facilities for his after-care, and will help him by taking a right attitude toward him. She looks after those who have come in contact with the patient, especially any children in the home, and secures medical attention for those needing it. She must be industrious to accomplish this work, not in one family, but in twenty, or perhaps sixty. Perseverance is one of her greatest assets; sound common sense, cheerfulness, and pleasant manners are also necessary.

When the patient reaches the sanatorium he meets another class of nurse,—the sanatorium nurse. This nurse, of all the various classes of nurses, never gets her just due. Nurses in general hospitals, the private duty nurses, the public health nurses, are all extolled for their work, and justly so, largely because their work is before the public eye, and attracts attention. The sanatoria are situated in the hills and the woodlands, away from the centers of population, and not always easy of access to the public, so the sanatorium nurse is not seen so often.

It takes a superior type of woman to be a successful sanatorium nurse. A nurse who has had a few months' training in a general hospital, and has been found undesirable, is just as undesirable in a sanatorium, though it has been said that this "child's play" can be done by anyone who can read a thermometer.

The sanatorium nurse must be the same, yesterday, to-day, and to-morrow, "world without end," and yet each day she must be different. Her patients are not here to-day, and gone to-morrow. They stay for weeks, and months, and sometimes years; hence the need for unvaried care and cheerfulness. She must be different each day to keep her patient interested, and hopeful. She, herself, must be cheerful and must learn to smile through all difficulties, and at the same time avoid idiotic hilarity and the Cheshire grin. This is not always an easy matter.

Her mind must be a storehouse of all sorts of information and facts. Owing to the situation of most sanatoria, the means of acquiring new thoughts and ideas may be very meagre from outside sources, as the theatre or opera, or good moving pictures. She must rely on good reading matter of all kinds to fill in the need. The daily newspaper with all the current events read and digested is a source of information; the victrola will assist in keeping pace with the advance in music, and an abundance of good fiction is to be found in the magazines.

She must be able to discuss politics with the politician, electricity with the electrician, baseball with the "fan," basket ball with the high school boy, the proper care of babies with the mothers. Her judgment is relied upon in such simple matters as the purchase of a bath robe or cap. She must be all things to all people, all the time.

She must be capable of differentiating real symptoms from false or imaginary ones; she has the refractory patient to deal with as well as the well-behaved one. With the first named, she must be kind, and considerate, though firm. She admonishes the foolhardy, those inclined to take chances in their new-found strength, against relapse. She must take a friendly interest in her patient and his

family, and avoid being inquisitive; in short, she must enter the soul of her patient. There is no limit to the amount of good that she can do.

Her nursing education must include a knowledge of and experience with other diseases, and an ability to recognize the early symptoms of contagious diseases. Epidemics break out in sanatoria, as well as in other places, because of visitors, so there is a need for this knowledge.

Finally, she must not be phthisiophobic, for no matter how splendid is her education, or how skilled in nursing technique she may be, if the slightest fear of association with the tuberculous enters her mind, she can never be an ideal tuberculosis nurse.

Just as our noted tuberculosis specialists, to-day, are men who, after years of general practice and experience, have felt the call to higher duties, and are devoting their lives to the stamping out of this menace to humanity, so will the nurse, who, after years of training and experience, believes that she can serve mankind better in the field of tuberculosis, become the ideal tuberculosis nurse.

WHO'S WHO IN THE NURSING WORLD

I. MARY M. RIDDLE

BIRTHPLACE: Turbotville, Pa. **PARENTAGE:** Scotch-Irish and German. **PRES-ENT POSITION:** Superintendent of Hospital and Superintendent of Nurses, Newton Hospital, Newton Lower Falls, Mass. **EDUCATION:** High School. Was a teacher before becoming a nurse. **GRADUATE OF:** Boston City Hospital, Boston, Mass. **POSITIONS HELD:** Assistant Superintendent, Boston City Hospital; Night Superintendent, same; Matron of Convalescent Home, same; Matron and Assistant Superintendent of Nurses, Contagious Department, same; (seventeen years in all). Superintendent of Hospital and Superintendent of Nurses, Newton Hospital, (seventeen years). Head of Army School of Nursing, Camp Devens, during war. **OFFICES:** President American Nurses' Association, 1902-1905; President National League of Nursing Education, 1910; President Massachusetts State Nurses' Association, 1903-1910, and one year later; President Alumnae Association, Boston City Hospital, fifteen years, or more; Chairman State Board of Registration of Nurses, 1910 to present time; Treasurer Board of Directors American Journal of Nursing, 1903 to the present time; Treasurer Isabel Hampton Robb Memorial Fund, 1911 to the present time; lecturer in the Hospital Economics Course at Teachers College, 1900-1904. **AUTHOR OF:** papers on nursing subjects for meetings, conventions and magazines. Editor, for several years, of the Department of Hospital and Training School Administration, *AMERICAN JOURNAL OF NURSING*; and Department of Nursing, *THE MODERN HOSPITAL*.